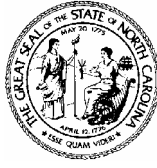


North Carolina State Long Term Care Ombudsman Program

Annual Report
2002



Sharon C. Wilder
State Long Term Care Ombudsman
North Carolina Division of Aging
Department of Health and Human Services



North Carolina Department of Health and Human Services Division of Aging

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi
Director

December 31, 2003

I am pleased to present the Annual Report for the North Carolina Long Term Care Ombudsman Program covering the federal fiscal year October 1, 2001 through September 30, 2002. North Carolina General Statute §§ 143B-181.18(8) requires the Office of the State Long Term Care Ombudsman to prepare an annual report. This report is to provide data and findings about the types of problems experienced and complaints reported by long term care residents as well as recommendations for addressing identified long term care issues. This annual report also includes information about the Long Term Care Ombudsman Program's successful completion of public education events, community involvement efforts and elder abuse prevention activities.

The North Carolina Long Term Care Ombudsman Program is administered through the Office of the State Long Term Care Ombudsman located in the Division of Aging. The Long Term Care Ombudsman Program includes a network of 17 Regional Long Term Care Ombudsman Programs located within the state's Area Agencies on Aging and 1,213 community advisory committee volunteers who serve in each of the 100 counties across North Carolina.

The mission of the Long Term Care Ombudsman Program is to protect Residents' Rights and improve the quality of care and life for residents living in long term care facilities by providing direct access and advocacy services that will assist residents in protecting their health, safety, welfare, and rights. The Program's vision is to work collaboratively with long term care providers, regulatory agencies, advocacy groups, consumers and all others to enhance the quality of care and quality of life for residents in nursing homes and adult care homes.

As you read this report, you will see that the Long Term Care Ombudsman Program experienced a busy and productive year. Please do not hesitate to contact us if you have questions or comments about this annual report.

Sincerely,

Sharon C. Wilder
State Long Term Care Ombudsman



NORTH CAROLINA ADULT CARE HOME BILL OF RIGHTS

(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

1. To be treated with respect, consideration, dignity and full recognition of his or her individuality and right to privacy.
2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
3. To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
4. To be free of mental and physical abuse, neglect and exploitation.
5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
6. To have his or her personal and medical record kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made except as required by applicable state or federal statute or regulation or by third party contract.
7. To receive a reasonable response to his or her requests from the facility administrator and staff.
8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own initiative at any reasonable hour.
9. To have access at any reasonable hour to a telephone where he or she may speak privately.
10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery and postage.
11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.
12. To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the residents and the administrator or supervisor in charge.
13. To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
14. To be notified when the facility is issued a provisional license by the North Carolina Department of Health and Human Services and the basis on which the provisional license was issued. The resident's responsible family member or guardian shall also be notified.
15. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation. To receive upon admission to the facility a copy of this section.
16. To not be transferred or discharged from a facility except for medical reasons, their own or other residents' welfare, or nonpayment. Except in cases of immediate jeopardy to health or safety, residents shall be given at least 30 days advance notice of the transfer or discharge and their right to appeal.

The Ombudsman is an advocate for those who live in long term care facilities. For more information on resident rights, call the Regional Long Term Care Ombudsman.

Your Regional Ombudsman is: _____ Telephone: _____

NORTH CAROLINA BILL OF RIGHTS FOR NURSING HOME RESIDENTS

(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

1. To be treated with consideration, respect and full recognition of personal dignity and individuality.
2. To receive care, treatment, and services that are adequate and appropriate, and in compliance with relevant federal and State rules.
3. To receive at the time of admission and during stay, a written statement of services provided by the facility and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified.
4. To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in patient's file.
5. To receive respect and privacy in his medical care program. All personal and medical records are confidential.
6. To be free of mental and physical abuse. To be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical records.
7. To receive from the administrator or staff of the facility a reasonable response to all requests.
8. To receive visitors or have access to privacy in phone use at any reasonable hour. To send and receive mail promptly and unopened, with access to writing materials.
9. To manage his/her own financial affairs unless other legal arrangements have been so ordered.
10. To have privacy in visits by the patient's spouse.
11. To enjoy privacy in his/her own room.
12. To present grievances and recommend changes in policies and services without fear of reprisal, restraint, interference, coercion or discrimination.
13. To not be required to perform services for the facility without resident's consent and written approval of the attending physician.
14. To retain, to secure storage for, and to use his personal clothing and possessions, where reasonable.
15. To not be transferred or discharged from a facility except for medical, financial, or their own or other patient's welfare. Any such transfer shall require at least five days' notice, unless the attending physician orders immediate transfer, which shall be documented in the patient's medical record.
16. To be notified when the facility's license is revoked or made provisional. The responsible party or guardian must be notified, also.

The Ombudsman is an advocate for those who live in long term care facilities. For more information on resident rights, call the Regional Long Term Care Ombudsman.

Your Regional Ombudsman is:_____Telephone_____

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Historical Overview

A Long Term Care Ombudsman Program was established in every state by authorizations incorporated into the Older Americans Act (federal legislation) through amendments in 1978. The authorization of a national Long Term Care Ombudsman Program resulted from the successful completion of federally funded pilot programs earlier in seven states. These pilot Ombudsman Programs were designed to respond to consumer complaints about care provided in nursing homes. In subsequent years, new amendments to the Older Americans Act expanded the jurisdiction and scope of the Long Term Care Ombudsman Program to cover both nursing homes and adult care homes. An even stronger programmatic framework was established that incorporated a network of trained volunteers, an informal complaint resolution process, and systemic advocacy related to problems impacting residents in long term care facilities.

In 1989, the North Carolina State Long Term Care Ombudsman Program was codified into state law through General Statute 143B-181.15-.25 which mirrors the federal laws set forth in the Older Americans Act. Clear mandates outline the roles and responsibilities for both the State and Regional Long Term Care Ombudsman Programs. The State Long Term Care Ombudsman Program is located in the Department of Health and Human Services, Division of Aging. The Regional Long Term Care Ombudsman Programs are housed in the 17 Area Agencies on Aging.

2002 Services Overview

(State and Regional Long Term Care Ombudsman Programs)

| | |
|---------------|---|
| 3,742 | Complaints processed through the LTC Ombudsman Program |
| 1,136 | Complainants assisted by State and Regional LTC Ombudsmen |
| 4,346 | Resident visits made in adult care homes and nursing homes |
| 442 | Facility licensure surveys observed |
| 124 | Resident Council meetings attended |
| 16,427 | Individuals provided technical assistance with LTC issues |
| 4,667 | Consultations provided to LTC providers |
| 516 | Staff training sessions provided in LTC facilities |
| 531 | Community educational sessions provided |
| 2,947 | Training hours committed to community advisory committee members and new ombudsmen. |

Long Term Care Ombudsman Program Purpose

The mission of the North Carolina Long Term Care Ombudsman Program is to protect residents' rights and improve the quality of care and life for residents in long term care facilities by providing access and advocacy services that assist residents in protecting their health, safety, welfare, and rights.¹ The program provides information to citizens about the long term care system as well as assistance accessing services. The major Long Term Care Ombudsman Program mandated responsibilities include to:

- ❖ Receive and attempt to resolve complaints made by or on behalf of residents in long term care facilities;
- ❖ Provide information to the general public on long term care issues;
- ❖ Promote community involvement with long term care residents and facilities;
- ❖ Work with long term care providers to resolve issues of common concern;
- ❖ Assist long term care providers with staff training (particularly on Residents' Rights);
- ❖ Train and provide technical assistance to county appointed community advisory committees;
- ❖ Collect and report data regarding the number of complaints handled and other program activities;
- ❖ Carry out activities for education and prevention of elder abuse, neglect, and exploitation; and
- ❖ Provide information to public agencies, legislators, and others on problems impacting the rights of residents as well as make recommendations for resolution of issues identified.²

¹ 42 USC § 3001 et seq. A copy of relevant sections is attached as Appendix A.

² § 143B-181.150.25 et seq. A copy is attached as Appendix B.

Program Organization

The State Long Term Care Ombudsman Program is part of the Elder Rights and Special Initiatives Section in the N. C. Division of Aging, within the Department of Health and Human Services. The State Long Term Care Ombudsman along with two state level ombudsmen manages day to day program administration and is responsible for assuring that the mandates of the Older Americans Act as amended and N. C. General Statutes are met.

There are 24 Regional Long Term Care Ombudsmen located in the 17 Area Agencies on Aging across the state. Each Area Agency on Aging serves a specific number of counties in the state, as designated through state legislation in the early 70's. The number of Regional Ombudsmen available within a region is determined through a state funding formula which considers the number of long term care beds, number of community advisory committees, and number of square miles within each region.

Community advisory committees were created by state statute in the early 70's. Local boards of county commissioners appoint community citizens to serve as advocates for residents in long term care facilities. The Regional Long Term Care Ombudsman Program must ensure each appointed volunteer completes training requirements as established in the State Long Term Care Ombudsman Program's Policies and Procedures in order to serve as 'grassroots ombudsmen' in their respective communities. Each community advisory committee member must complete 15 hours initial training prior to assuming their official duties as mandated by state law (G.S. 131D-31 and G. S. 131E-128). There are currently 1,310 trained community advisory committee volunteers serving on adult care home, nursing home, or joint community advisory committees across the state

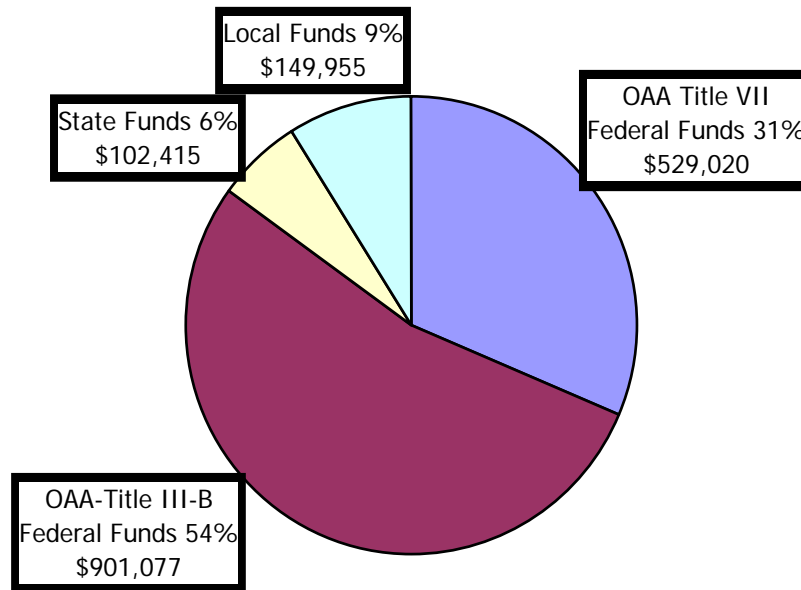
The chart below shows the types of long term care facilities for which the State Long Term Care Ombudsman Program has legal jurisdiction to provide services to residents. In June 2001, administration of the small group homes for developmentally disabled adults was transferred into the state Mental Health System. Group homes for developmentally disabled adults now operate under G.S. 122C. This transition ended the Long Term Care Ombudsman Program's involvement with those 212 homes.

| TYPE OF FACILITY | NUMBER OF FACILITIES | NUMBER OF BEDS |
|------------------|----------------------|----------------|
| Nursing Homes | 427 | 47,973 |
| Adult Care Homes | 1526 | 40,032 |

Table 1. Number of Facilities and Beds by Facility type

North Carolina Long Term Care Ombudsman Program Funding Sources

FFY October 2001- September 2002



The Division of Aging administers the federal and state funding that supports the Long Term Care Ombudsman Program in North Carolina. Approximately 95% of all funds shown in this chart are allocated to the Area Agencies on Aging for operation of the 17 Regional Ombudsman Programs. Individual regional allocations are determined through an established funding formula that is based on the number of long term care beds, the number of square miles and the number of Community Advisory Committees within each region.

Long Term Care Ombudsman Program Services

Technical Consultation to the General Public

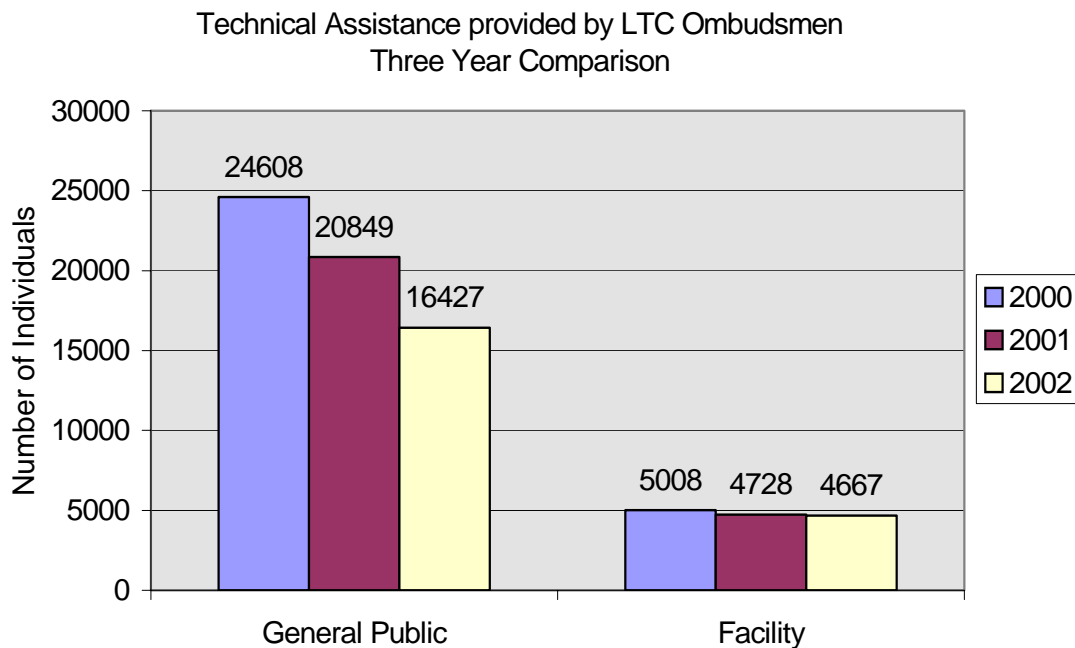
Ombudsmen provided technical assistance consultations to 16,427 individuals during 2002. The information most frequently requested was:

- How to choose a long term care facility.
- Information about transfer and discharge rights.
- Procedures for filing a formal complaint regarding lack of care or services provided to residents.
- Explanation and exercising of Residents' Rights.

Technical Assistance to Nursing Homes and Adult Care Homes

The Program responded to 4,667 consultation requests from long term care providers regarding resident care issues such as:

- How to deal effectively with difficult resident behaviors.
- How to communicate effectively with family members.
- Ensuring Residents' Rights are protected when addressing issues such as roommate conflicts, elopements, falls, and privacy.



Informal Complaint Resolution

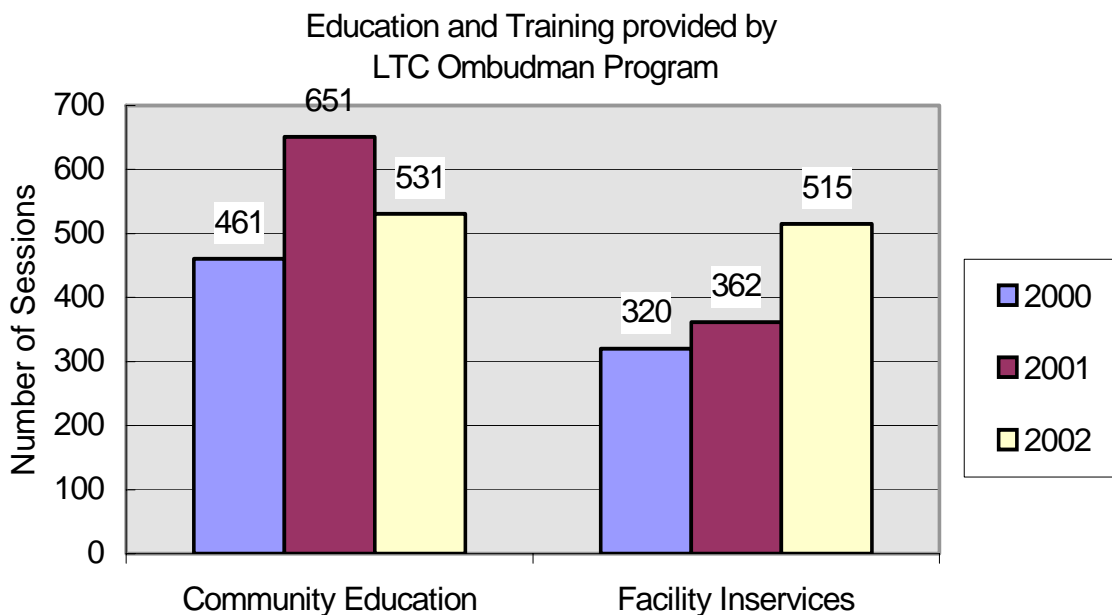
The Long Term Care Ombudsman Program receives, investigates, and attempts to resolve complaints made by or on behalf of residents in long term care facilities. Confidentiality is the foundation of the complaint resolution process. Ombudsmen do not disclose the identity of any person registering complaints with the program, nor the contents of a complaint in any way that could identify the complainant unless written informed consent has been given for disclosure.

The Long Term Care Ombudsman Program responded to 3,742 complaints from 1,136 individuals in 2002. Seventy (70%) of those complaints were related to problems experienced in nursing homes and thirty (30%) of complaints received involved adult care home residents.

In-service Education for Facility Staff

The Long Term Care Ombudsman Program also provided 516 training sessions during 2002. Several Regional Ombudsman Programs conducted annual training conferences for Certified Nursing Assistants and Personal Care Aides designed to enhance basic caregiver and stress management skills. Regional Ombudsmen trained facility staff on such topics as:

- Residents' Rights,
- Role of the Long Term Care Ombudsman Program,
- Elder Abuse Prevention,
- Sensitivity to Losses Associated with Aging,



Community Education

The Long Term Care Ombudsman Program provided 531 educational sessions for a variety of audiences during 2002. Workshop topics included:

- Understanding Residents' Rights,
- Ombudsman Program Roles and Services,
- Understanding Different Types of Legal Authority,
- Transfer/Discharge Process,
- Recognizing and Reporting Elder Abuse,

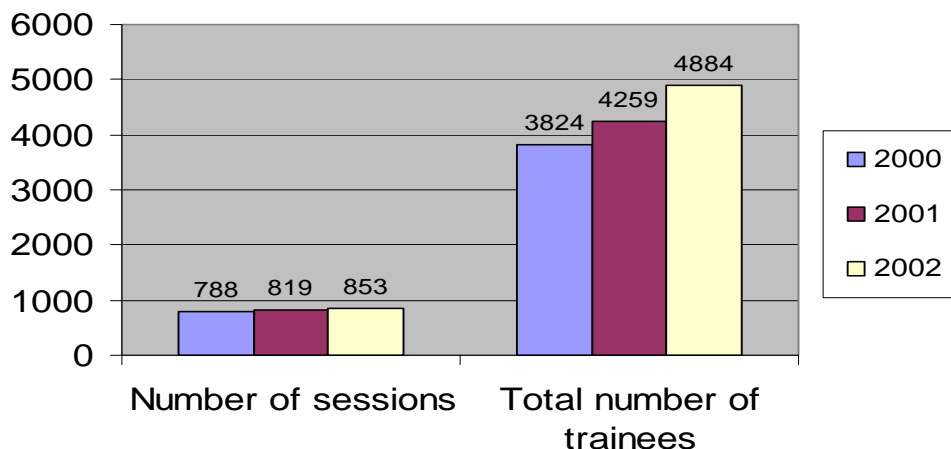
Volunteer Management

The Long Term Care Ombudsman Program provided 2,947 training hours for community advisory committee volunteers during 2002. Regional Ombudsmen spent approximately 42% of their time providing initial training for newly appointed community advisory committee members, coordinating ongoing committee training, and regularly providing technical assistance to the local advisory committees. The Ombudsman Program maintained 1,213 trained and active community advisory committee volunteers throughout 2002.

Ombudsman Training and Certification

Eight (8) new regional ombudsmen completed Division of Aging requirements for long term care ombudsman certification. The certification process includes four days of intense training with the State Long Term Care Ombudsman and program staff, scheduled internships in both nursing homes and adult care homes, plus completion of a required reading list.

**Training Sessions for Regional Ombudsmen by State
Ombudsman Program and Training for CAC
Members by Regional Ombudsmen**



Accomplishments Regional LTC Ombudsman Programs

The Long Term Care Regional Ombudsman with the **Southwestern Planning Commission**, which covers seven counties in the western North Carolina mountains, worked closely with long term care facilities and local communities providing training events and education opportunities. In March 2002, the workshop "*Improving Staff and Family Relations*", with Ruth Perschbacher presenting, was well received by both facility staff and family members.

Shannon Slater was hired to serve as the Regional Long Term Care Ombudsman for the **Land-of-Sky Regional Council**, which covers Buncombe, Madison, Henderson and Transylvania counties. The Family Caregiver Resource Specialist and Regional Ombudsman worked cooperatively on projects such as family/facility staff communication training, the "*And Thou Shalt Honor*" PBS special, and volunteer recognition efforts.

The **Isothermal Commission's** Regional Long Term Care Ombudsman covers four counties in rural western North Carolina. There are 103 long term care facilities in this region. Some significant accomplishments included involvement in Rutherford County and Polk County Educational Fairs and local high school occupational health and biomedical technology classes. The Regional Ombudsman also participated with local County Cooperative Extension agencies in *Power Tools for Caregiving* classes and helped to increase the scope of community education about long term care issues available to high school and community college students.

High Country Council of Governments includes Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey counties. The Regional Long Term Care Ombudsman continues working to improve activities for men who reside in long term care facilities. The Long Term Care Ombudsman arranged for the High County Classic Car Club to stage a mini-car show at a facility in Ashe, Avery and Watauga counties. The facility in each county with the most level parking lot was chosen and residents from all other county facilities were invited to see the cars and talk to the owners. The Regional Long Term Care Ombudsman encouraged maintenance men at the nursing homes in his region to stop and briefly chat with male residents. In Ashe County, the Regional Long Term Care Ombudsman made arrangements for two adult care home residents to complete their GED and for the mobile library to visit the facility.

Western Piedmont Council of Governments employs two Regional Long Term Care Ombudsmen to cover Alexander, Burke, Caldwell, and Catawba counties. The Regional Ombudsmen have continued advocacy efforts supporting a comprehensive Dental Program for North Carolina long term care residents receiving Medicaid assistance. Efforts have been coordinated with the Senior Tar Heel Legislature, Friends of Residents in Long Term Care, NC Dental Society, AARP, ARC, and the North Carolina Aging Study Commission to advocate for adequate long term care dental services. The Regional Long Term Care Ombudsmen created customized long term care information kits to distribute to individuals who inquire about facilities in any of the four counties in

the region. Each kit includes the names and information about each adult day care center, adult care home, and nursing home in a specific county. Pamphlets about choosing a nursing home, entering a nursing home and Residents' Rights are also included.

Centralina Council of Governments has three full-time Regional Long Term Care Ombudsmen and one part-time Regional Long Term Care Ombudsman who work with 216 long term care facilities in nine counties. They provided technical consultation and training for over 200 community advisory committee volunteers. This year, a daylong conference was held, "*Creative Interventions in Dementia*." Nationally known speakers talked about practical issues related to working with people with dementia. They also had "*Residents' Rights Celebrations*" in seven of the nine counties that involved the community advisory committees, residents, and providers in planning and conducting the celebrations.

In 2002, the **Piedmont Triad Council of Governments'** Regional Long Term Care Ombudsman Program's focus was on training community advisory committees (CACs) in seven counties. The goal was to enhance CAC knowledge of regulatory organizations (for example, roles of an Adult Home Specialist, local Fire Marshal, and local Sanitation Specialist) and to promote quality long term care through the facilitation of communication between these organizations and the community advisory committees. The Regional Long Term Care Ombudsman Program provided 85 training sessions for CAC volunteers across the region. The Regional Ombudsmen also held their 4th annual CAC Appreciation Banquet with over 75 participants. Awards were presented to over 25 volunteers and seven long term care providers. An Elder Rights Conference held in October 2002 focused on scams and fraud facing the elderly population. The Caswell County Joint Nursing Home/Adult Care Home Community Advisory Committee received a North Carolina 2002 Award for Outstanding Volunteer Service for their "long volunteer hours and encouragement to their community to "adopt" several long term care facilities in the county.

Regional Long Term Care Ombudsmen with the **Northwest Piedmont Council of Governments**, which serves Surry, Stokes, Yadkin, Davie and Forsyth counties conducted quarterly training for each community advisory committee. Topics included the Transfer/Discharge process, Complaint Management Systems, Community Advisory Committee reporting requirements, differences in Licensure and Regulation of Nursing Homes and Adult Care Homes, Staffing Issues, Department of Social Services (role of APS, AHS, etc.), Division of Facility Services (survey and complaint process), Nursing Home Quality Improvement Initiatives, Conducting an Official Visit, and Sensitivity Training. The Regional Long Term Care Ombudsman Program made \$100 available to each county for community advisory committees to use for residents and/or facility staff. Some committees purchased items such as rocking chairs, porch furniture, personal items and linens for residents. Other CAC's purchased flower arrangements for staff and sent Appreciation plaques to certified nursing assistants in area facilities as an expression of appreciation for a job well done.

The **Triangle J Council of Governments** employs four Regional Long Term Care Ombudsmen to cover seven counties in the middle of the State. In 2002, the Long Term Care Ombudsmen focused on improving quality of care and quality of life for the 12,500 plus residents living in their region's long term care facilities. The number and activity of family councils increased this year. Family councils are the single most effective way to improve quality of care and quality of life for residents in long term care. The Regional Ombudsmen held an event, "*A Conversation with Friends*," which was sponsored by Friends of Residents in LTC, the Triangle J AAA Regional Long Term Care Ombudsman Program, and the Orange County Community Advisory Committees. Carol Woods Retirement Community hosted and funded the event. Community leaders attended as "listeners" to hear from nursing assistants about the current status of long term care and the changes that need to occur in the future. A similar event was conducted in Durham County. A Wake County Adult Care Home Community Advisory Committee member, Sherry Harris, was honored with the presentation of N. C. 2002 Award for Outstanding Volunteer Service for her tireless advocacy to protect and strengthen the rights of North Carolina's most vulnerable citizens.

The **Kerr Tar Regional Council of Governments'** Regional Long Term Care Ombudsman Program serves five counties in North Carolina (Franklin, Granville, Person, Vance and Warren). The Regional Ombudsman's most significant accomplishments last year were Health Fair presentations on Elder Abuse, pharmacy issues, and Medicare Lookout. Workshops for long term care facility staff and training designed to improve the documentation skills of the regional community advisory committee members were also highlighted.

In the **Upper Coastal Plain Council of Governments**, the Regional Long Term Care Ombudsman and 64 community advisory committee members visited and advocated on behalf of residents in 21 nursing homes and 45 adult care homes in five counties. The Regional Long Term Care Ombudsman participated in resident appeals hearings related to a level of care change and successfully mediated several transfer/discharge complaints based on level of care changes. The Regional Long Term Care Ombudsman worked with nine community advisory committees on revising committee by-laws and coordinated with AARP and Friends of Residents to organize and host a Long Term Care Forum that focused on defining quality. The Regional Ombudsman also assisted the AAA staff with providing an Appreciation Luncheon for volunteers who work with aging programs.

The **Mid-Carolina Council of Governments'** Regional Long Term Care Ombudsman Program provides advocacy services for Harnett, Sampson, and Cumberland counties. In 2002, the Regional Ombudsman coordinated three successful community education workshops: *Interventions in Caregiving, Health and Mental Health on Long Term Care and Alzheimer's and Aggressive Behavior*.

The **Lumber River Council of Governments** Regional Long Term Care Ombudsman Program serves Bladen, Hoke, Richmond, Robeson and Scotland counties. Accomplishments in 2002 included receiving special training on elder abuse during a two-day workshop, "*Golden Years and Abuse*" and conducting the Second Annual Elder

Abuse Prevention Workshop for direct care providers and administrative staff at the Lumber River Council of Governments (41 participants).

The Regional Long Term Care Ombudsman with the **Cape Fear Council of Governments** provides services to four counties: Pender, New Hanover, Columbus, and Brunswick. Significant accomplishments for 2002 were the *Caregiver Superstars* Conference and a *Sail Into Summer*-CNA Workshop. These educational events brought together staff from long term care facilities, in-home services, adult day care agencies, mental health, county departments of social services, and other service agencies to form the Regional Educational Planning Committee. This group, along with Care Fear Area Agency on Aging's Regional Long Term Care Ombudsman Program, planned these events. Nearly 200 certified nursing assistants attended the events.

The **Eastern Carolina Council of Governments** is located in eastern North Carolina and consists of nine counties: Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, and Wayne. There are 26 nursing homes and 79 adult care homes operating within the counties. One of the major accomplishments of the Regional Long Term Care Ombudsman Program was the *Ombudsman Celebration* in October 2002. Guest speakers for the celebration included Thomas Henson of Henson and Fuerst, Sharon Wilder, State Long Term Care Ombudsman, and Carol Teal of Friends of Residents in LTC. The theme of the Ombudsman Celebration was "*Making a Difference.*" During the event, Ms. Audrey Tyson, Lenoir County Community Advisory Committee Chairman, received the Sara Jo Jackson Award for her dedication to serving residents in long term care facilities.

The **Mid-East Commission's** Regional Long Term Care Ombudsman Program serves Beaufort, Bertie, Hertford, Martin and Pitt counties. In October 2002, the Regional Ombudsman and representatives of the Beaufort County Sheriff's Department met to establish a public awareness campaign to publicize the Care Trak System. Care Trak is an automated tracking device used for those who suffer from Alzheimer's Disease and related disorders. The tracking device/mobile locator assists law enforcement with locating an individual who has wandered and is at risk for harm. Through the efforts of the Mid-East Commission Regional Ombudsman Program, Beaufort County Sheriff's Department and concerned citizens, Care Trak was made available to the residents of the county. Grant funds from the Eastern North Carolina Alzheimer's Association were utilized to purchase equipment. The Mid-East Area Agency on Aging and the Regional Long Term Care Ombudsman Program sponsored the third annual "Regional Discussion/Roundtable" with providers to initiate dialogue involving the recruitment and retention of nursing assistants and frontline workers. In April 2002, a two-day conference was held featuring Lt. Governor Beverly Perdue, who proclaimed the week "Elder Abuse Awareness Week." Governor Michael F. Easley signed the Proclamation. Over 300 people attended the conference, which was a result of the implementation of the "Abuse in Later in Life Project." One result of this project was the formation of the VICA-Violence in Aging Council in Pitt County. The Regional Ombudsman continues to serve as a member of the Family Violence Task Force of Pitt County.

The **Albemarle Commission's** Regional Long Term Care Ombudsman Program serves 10 counties surrounding the Albemarle Sound. Last year training events were provided for 1,050 individuals through 41 training workshops and 18 long term care facility in-service training sessions. The Regional Long Term Care Ombudsman coordinated a First Responders Program on reporting abuse, neglect and exploitation of disabled adults. Consequently, 61 regional professionals were certified as instructors in this Program. The Regional Long Term Care Ombudsman also coordinated a Gates County Clergy Workshop on "*Understanding Alzheimer's*" that was presented by Alzheimer's Association Eastern Carolina Chapter. Three public forums were also held on "*Alzheimer's and Care*" to promote community and staff awareness.

2002 Overview of Complaints Handled

The State Long Term Care Ombudsman Program manages a statewide Ombudsman Complaint Tracking System (OCTS) to collect confidential complaint data quarterly from the 17 Regional Long Term Care Ombudsmen Programs in North Carolina. The complaint management numerical data is compiled into an annual report that is submitted to the U. S. Administration on Aging. The Administration on Aging then publishes this information from all states through the National Ombudsman Reporting System (NORS) and makes it available on their web site: www.aoa.gov.

Charts included in this report reflect complaint trends for the top five complaint categories by facility type, complainants, disposition of complaints and a three-year comparison for the top five complaint categories by facility type. Tables located on pages 5, 6 and 7 show three-year trends in technical assistance, education sessions and facility staff training provided by the Long Term Care Ombudsman Program.

The Long Term Care Ombudsman Program handled 3,742 complaints during 2002, which represents a slight increase in closed cases. The program received the majority of complaints from family members, legal representatives or friends of residents. The second largest group of complainants was residents living in long term care facilities. The number of adult care home residents filing complaints increased 10% from 2001, while complaints filed by nursing home residents decreased slightly. For both adult care homes and nursing homes, the top complaint category was Residents' Rights, which increased 12% from 2001. Complaints that related to the resident care category remained roughly the same as in 2001. The number of complaints received about quality of care issues decreased in both types of long term care facilities. The number of complaints about issues related to the *Administration* category increased for nursing facilities for a three year high. Two subcategories of *Administration* are significant: Seventy two (72) complaints were handled related to administrative staff being unresponsive to complaints. The second highest subcategory was fifty nine (59) complaints that were processed dealing with difficulties using a facility grievance procedure to address concerns internally. There was also an increase in the number of complaints about issues not related directly to the adult care home, such as family problems, needed healthcare services and financial issues.

The most dramatic increase in 2002 was in the area of facility staff training sessions and Long Term Care Ombudsman Program training for new regional ombudsmen and community advisory committee members. There was a decrease in the number of community education sessions provided by the Long Term Care Ombudsman Program as well as in the number of technical assistance consultations provided to the public. One possible reason for the decrease is that more family caregiver contacts were referred to family caregiver

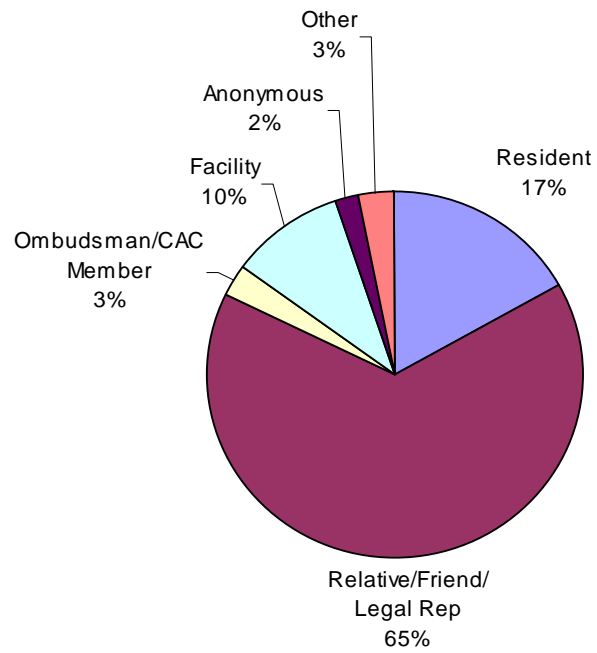
specialists in the Area Agencies on Aging established through the National Family Caregiver Support Program. Family Caregiver Specialists specialize in educating caregivers about local community resources that may be available as a support to stabilize efforts to keep loved ones in the home. Ombudsman technical assistance requests from providers have remained level for the same period.

Overall the Long Term Care Ombudsman Program data seems to reflect a basic 'maintenance of effort' in ombudsman services provided to or on behalf of residents in long term care facilities this past year. The N. C. Long Term Care Ombudsman Program continues to need at least 20 additional Regional Long Term Care Ombudsmen in order to meet the ratio of one ombudsman per every 2,000 beds which was one of the recommendations included in the Institute of Medicine Report on Long Term Care Ombudsman Programs compiled in 1995. While it is anticipated that demand for Long Term Care Ombudsman Program services will increase, the Program's ability to effectively respond to additional needs remains contingent upon more funding for program expansion.

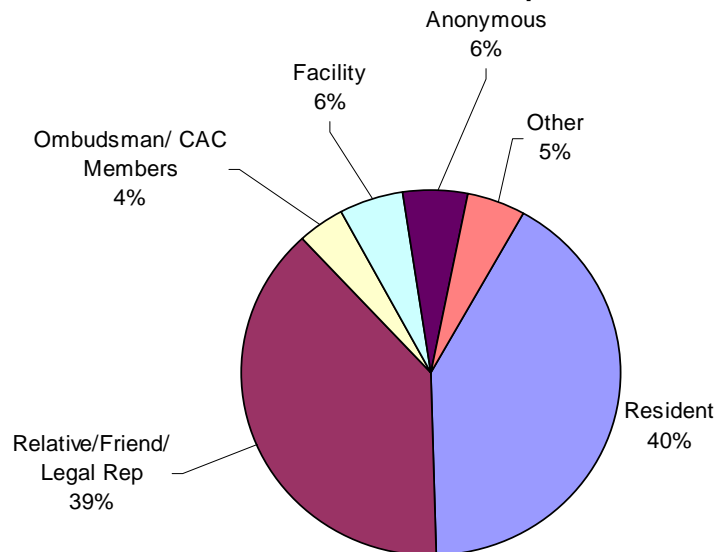
One trend noted is that complaints about residents' quality of care, ability to exercise their rights and quality of life have continued to increase in complexity and diversity. There has been a significant increase in Ombudsman Program involvement with complex rights issues emerging from overly restrictive guardianship situations and misinformed decisions by legal representatives. A second important trend relates to the current evolution underway in smoking policies established by long term care facilities. Historically, North Carolina has been a pro tobacco state where many older adults have continued to smoke. While this one issue is national in scope, long term care residents in North Carolina are caught in a difficult transition. The Long Term Care Ombudsman Program has faced new challenges in negotiating on behalf of those residents who choose to smoke versus efforts by long term care facilities to ensure resident safety by establishing smoke free facilities.

2002 Complaint Highlights

Nursing Home Complainants

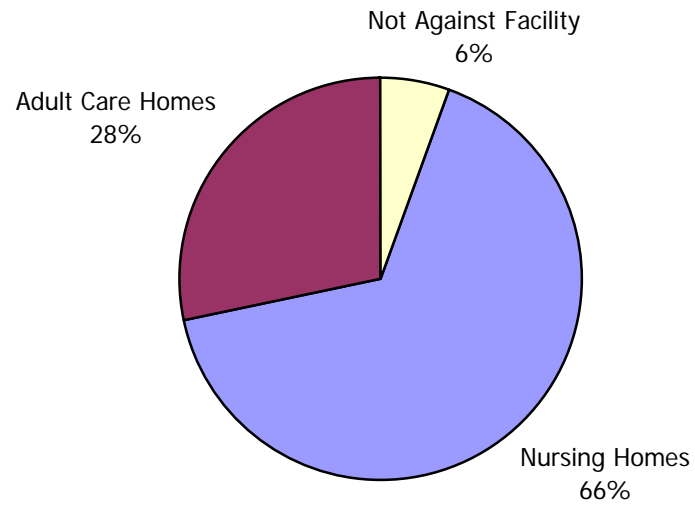


Adult Care Home Complainants

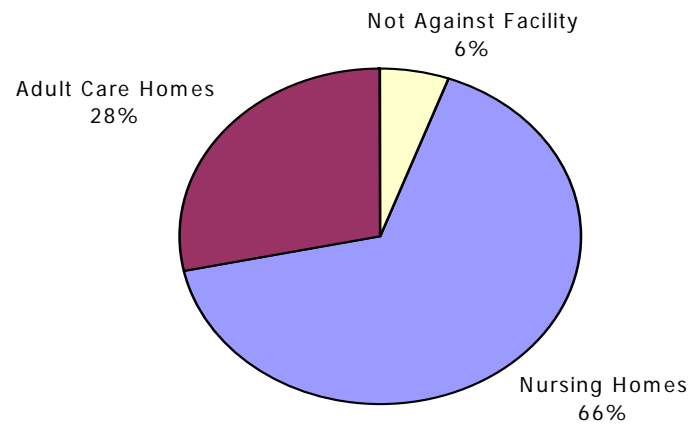


2002 Complaint Highlights

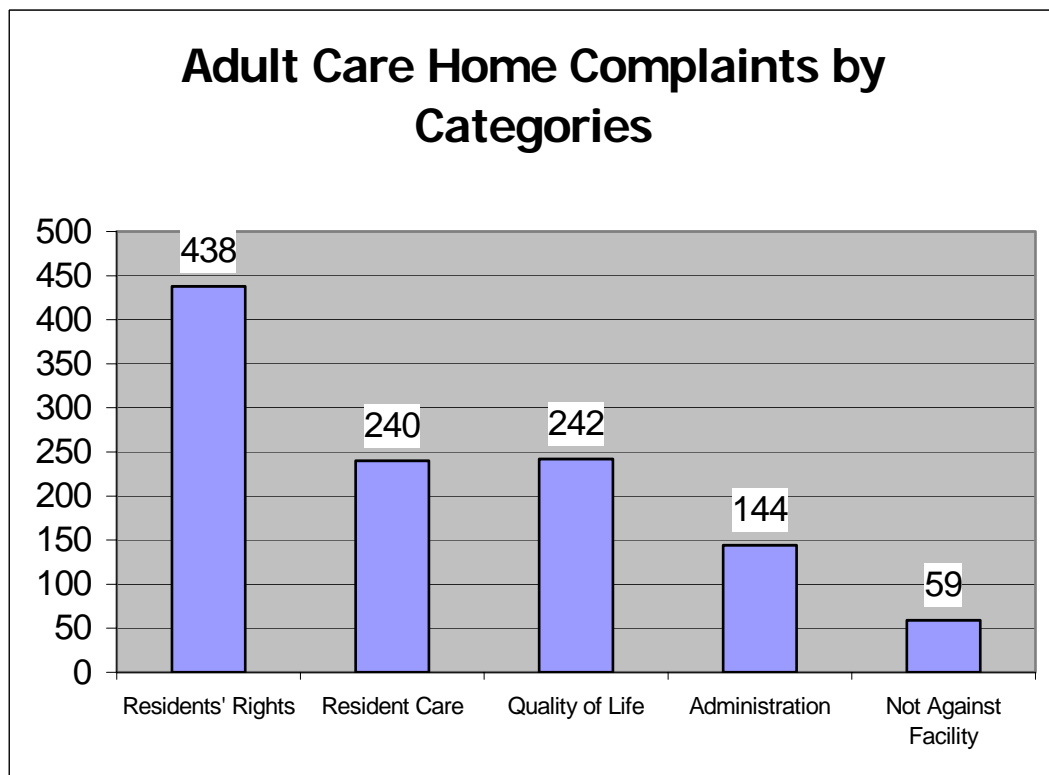
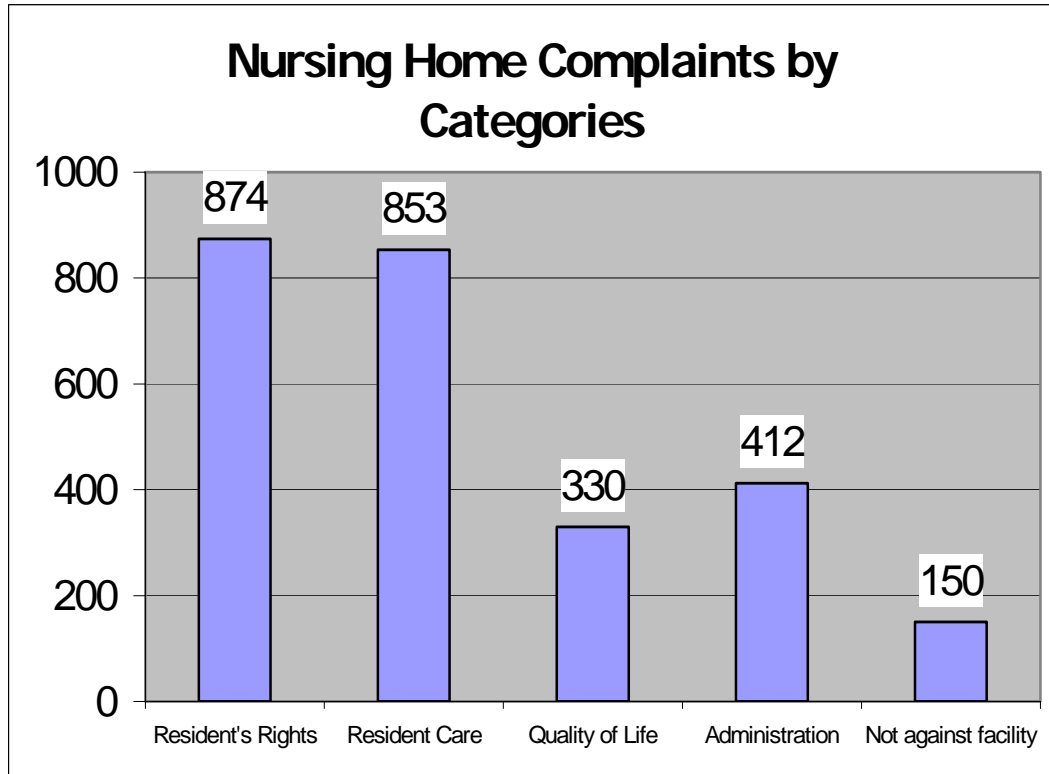
Complaint Distribution



Complaint Distribution

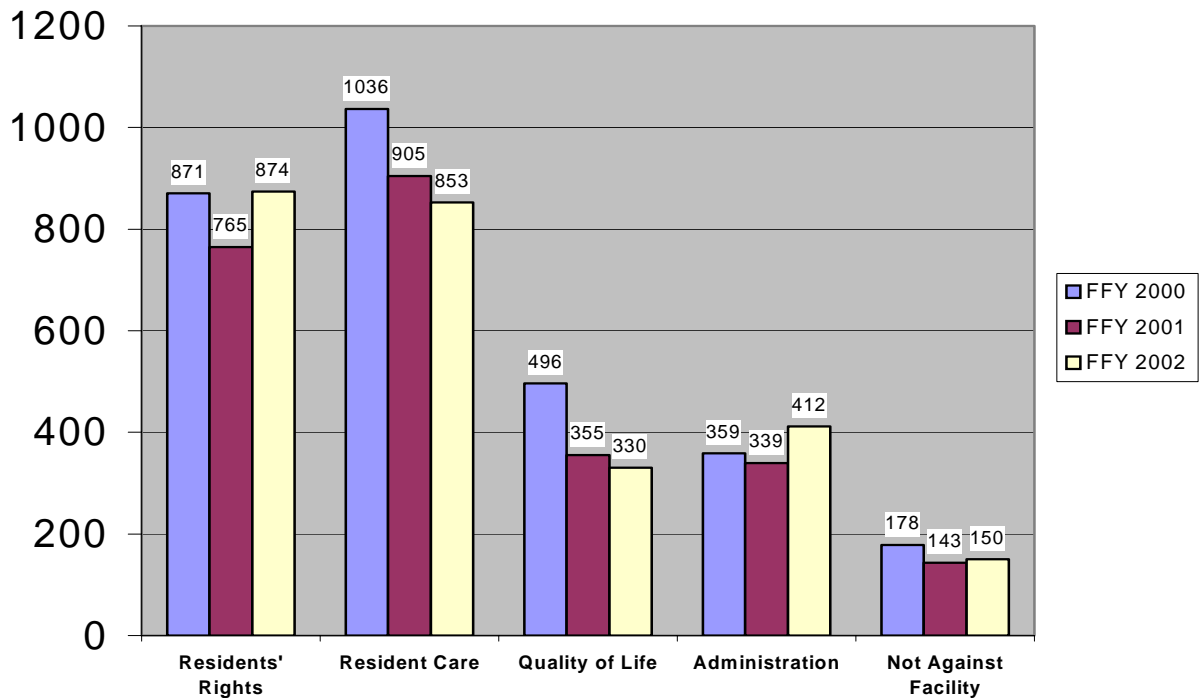


2002 Complaint Highlights

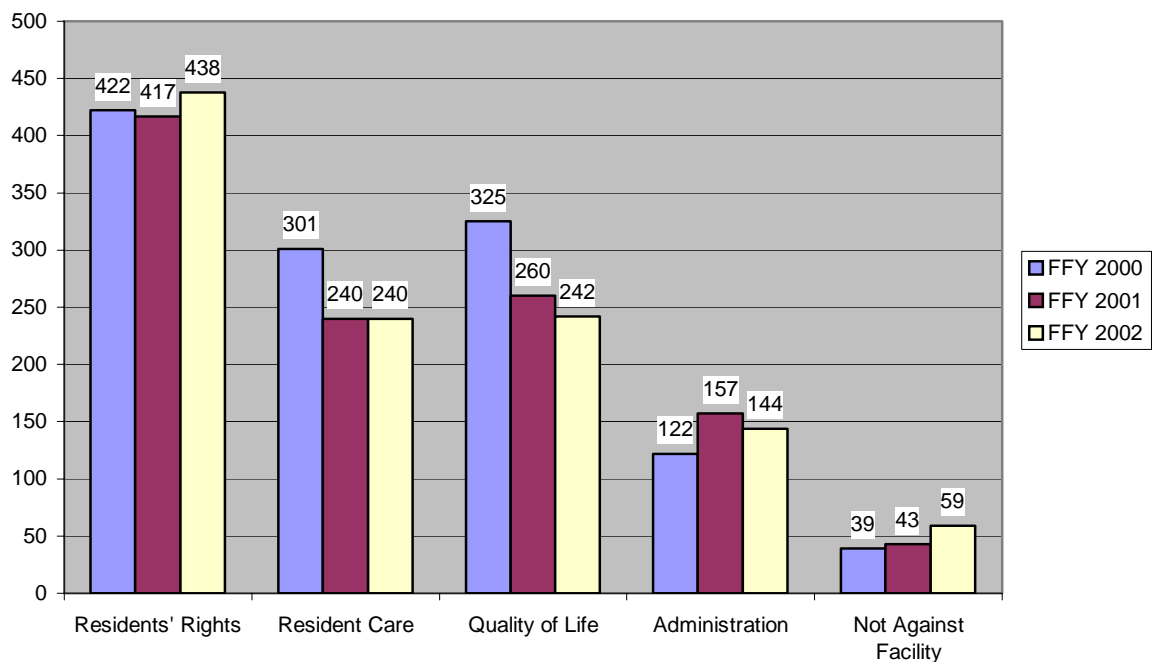


Complaint Highlights: A Three Year Comparison

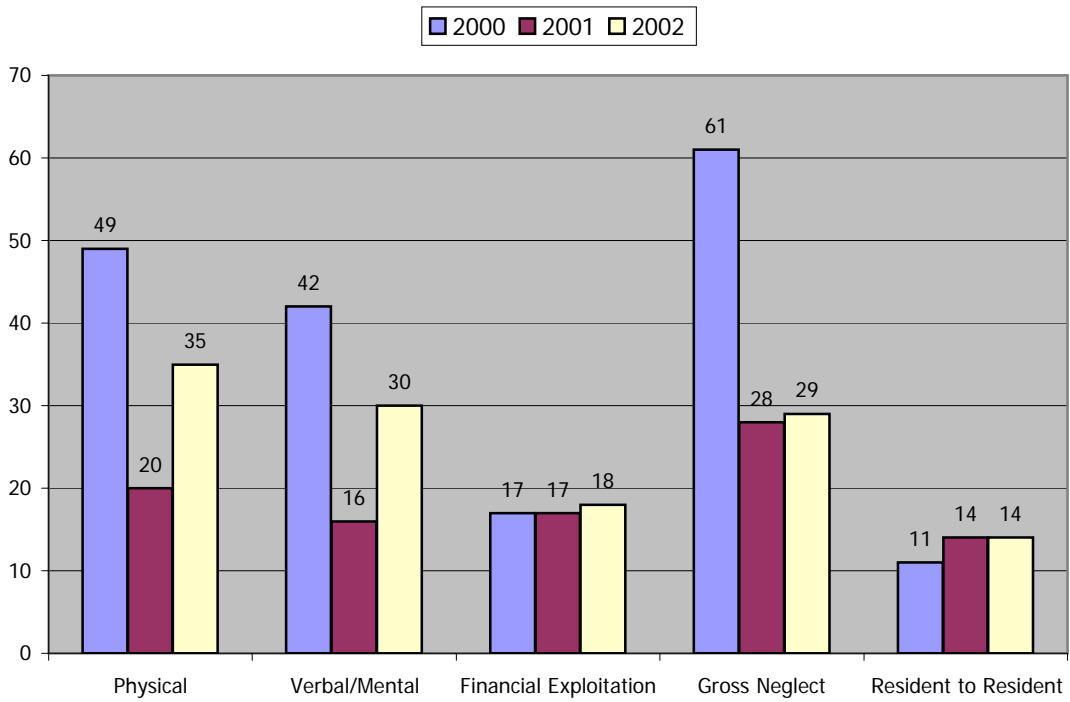
Nursing Home Complaints by Categories



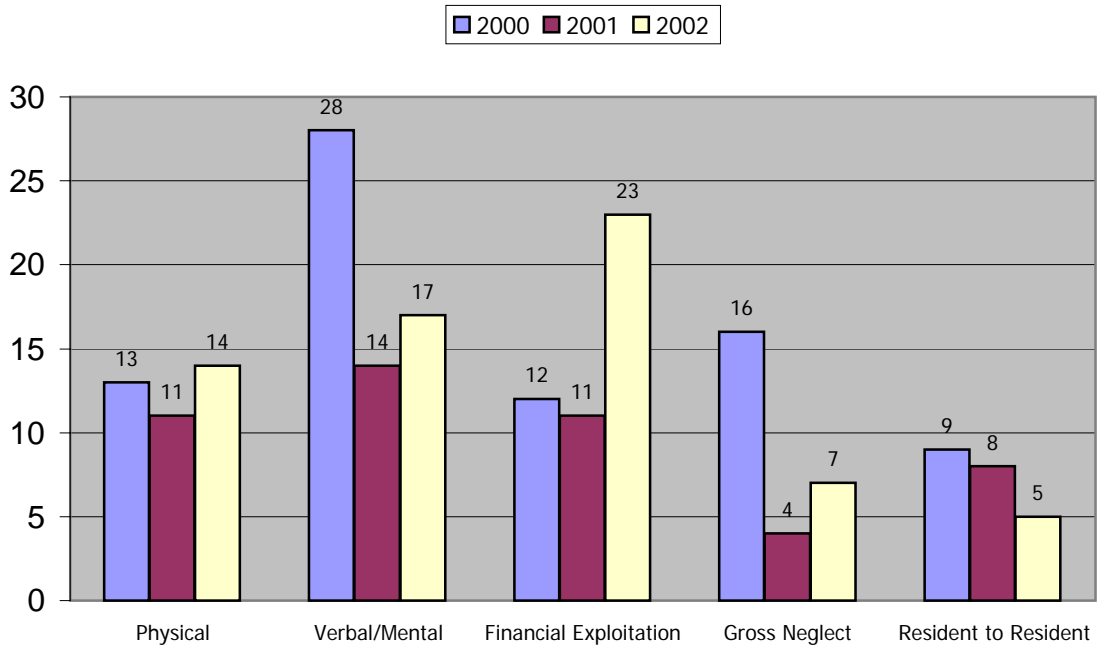
Adult Care Home Complaints by Categories



Nursing Home Complaints on Abuse



Adult Care Home Complaints on Abuse



Long Term Care Ombudsman Program Recommendations

The Older Americans Act requires the Office of State Long Term Care Ombudsman to produce and distribute an Annual Report that includes recommendations for changes to the long term care system that will enhance the quality of care and quality of life for residents in long term care facilities. Major recommendations include the following:

It is recommended that all interested stakeholders continue efforts to develop a statewide system by which long term care providers can receive national criminal background checks in a timely manner.

A similar recommendation was included in the 2001 State Long Term Care Ombudsman Annual Report. Currently, this issue remains under a moratorium that was extended through S.L. 2002-126. S. L. 2002-180 authorized the Legislative Research Commission to study how federal law affects the distribution of national criminal history record check information and problems posed by federal restrictions for effective implementation of a state-required criminal records check.

Therefore, the State Long Term Care Ombudsman Program continues to recommend that a system be implemented so that all applicants considered for employment in a long term care facility can be screened through both the state and national criminal background check process prior to employment. Persons who have been convicted within the last five years of any violent crimes, chronic substance or drug abuse, or other felonies such as fraud or embezzlement should not be eligible for employment caring for our state's most vulnerable older and disabled citizens. Similar safeguards already protect children from potentially abusive caregivers. We must ensure that individuals residing in long term care facilities are protected from abuse, neglect, or exploitation by the caregivers they must depend on for care.

The Office of State Long Term Care Ombudsman recommends 1) a clear, concise definition of "retaliation" be developed using Residents' Rights as the 'protected activity' and 2) that guidelines be developed to be used by consumers, providers and regulatory agencies for those instances where retaliation has been alleged.

We continue to need a framework from which to respond to complaints about retaliation or "fear of retaliation" that are received from residents, family members or other concerned citizens. As noted in the 2001 State Long Term Care Ombudsman recommendation, national research indicates that in many instances, retaliation allegations are closely associated with elder abuse and neglect and that fear of retaliation is thought to delay reports of elder abuse being made. The State Long Term Care Ombudsman Program is willing to partner with regulatory agencies, advocacy groups and long term care providers to establish such a framework and

develop educational guidelines for consumers and facility staff that will clearly address the issue of retaliation.

North Carolina, primarily through the Department of Health and Human Services should continue to be at the forefront in developing innovative strategies and best practice models that will address the growing problem of the shortage of direct care workers.

Ongoing complaints about staffing issues in long term care facilities are received by the N. C. Long Term Care Ombudsman Program. Inadequate staffing continues to be a major concern that negatively impacts both the quality of life and quality of care for residents. As various groups of stakeholders across the state work together on plans designed to address issues such as staff recruitment, staff retention and improving the long term care work environment, it will be important to incorporate the valuable information provided by representatives from direct care workers across the state.

In the 2001 State Long Term Care Ombudsman Program Annual Report there were three (3) additional recommendations offered related to development of a protective transfer/discharge rule for adult care home residents, the Office of State Ombudsman's responsibility to advocate for improvements to the long term care system and initiation of a feasibility study related to pursuit of legislation authorizing the use of "granny cams." Progress was accomplished toward the development of a protective adult care home transfer/discharge rule; however, concerns remain about some of the exceptions included in that rule that will require more attention in the future. The Office of State Long Term Care Ombudsman continues to represent the interest of residents on several state level work groups, the Adult Care Home Rules Review Committee, the IOM Nursing Home Quality Workgroup, through distribution of an Annual Report and public presentations. Finally, there has been no further work accomplished related to authorization of "Granny Cams" in the long term care setting in North Carolina.

APPENDIX

Appendix A

Title VII, Chapter 2, Section 712 200 Amendments to the Older Americans Act

SEC 712 (42 U.S.C. 3058g) STATE LONG-TERM CARE OMBUDSMAN PROGRAM.

- (a) Establishment.--
 - (1) In general.--In order to be eligible to receive an allotment under section 703 from funds appropriated under *section 702 and made available to carry out this chapter*, a State agency shall, in accordance with this section--
 - (A) establish and operate an Office of the State Long-Term Care Ombudsman; and
 - (B) carry out through the Office a State Long-Term Care Ombudsman program.
 - (2) Ombudsman.--The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.
 - (3) Functions.--The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office--
 - (A) identify, investigate, and resolve complaints that--
 - (i) are made by, or on behalf of, residents; and
 - (ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of--
 - (I) providers, or representatives of providers, of long-term care services;
 - (II) public agencies; or
 - (III) health and social service agencies;
 - (B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
 - (C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
 - (D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

- (E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 - (F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
 - (G)
 - (i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;
 - (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and
 - (iii) facilitate public comment on the laws, regulations, policies, and actions;
 - (H)
 - (i) provide for training representatives of the Office;
 - (ii) promote the development of citizen organizations, to participate in the program; and
 - (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
 - (I) carry out such other activities as the Assistant Secretary determines to be appropriate
- (4) Contracts and arrangements.--
- (A) In general.--Except as provided in subparagraph (B), the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.
 - (B) Licensing and certification organizations; associations.--The State agency may not enter into the contract or other arrangement described in subparagraph (A) with--
 - (i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or
 - (ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals.
- (5) Designation of local ombudsman entities and representatives.--
- (A) Designation.--In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.

- (B) Duties.--An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency--
- (i) provide services to protect the health, safety, welfare and rights of residents;
 - (ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
 - (iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
 - (iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 - (v)
 - (I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and
 - (II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
 - (vi) support the development of resident and family councils; and
 - (vii) carry out other activities that the Ombudsman determines to be appropriate.
- (C) Eligibility for designation.--Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall--
- (i) have demonstrated capability to carry out the responsibilities of the Office;
 - (ii) be free of conflicts of interest *and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves*;
 - (iii) in the case of the entities, be public or nonprofit private entities; and
 - (iv) meet such additional requirements as the Ombudsman may specify.
- (D) Policies and procedures.--
- (i) In general.--The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

- (ii) Policies.--In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.
 - (iii) Confidentiality and disclosure.--The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest.
- (b) Procedures for Access.--
 - (1) In general.--The State shall ensure that representatives of the Office shall have--
 - (A) access to long-term care facilities and residents;
 - (B) (i) appropriate access to review the medical and social records of a resident, if--
 - (I) the representative has the permission of the resident, or the legal representative of the resident; or
 - (II) the resident is unable to consent to the review and has no legal representative; or
 - (ii) access to the records as is necessary to investigate a complaint if--
 - (I) a legal guardian of the resident refuses to give the permission;
 - (II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
 - (III) the representative obtains the approval of the Ombudsman;
 - (C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and
 - (D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.
 - (2) Procedures.--The State agency shall establish procedures to ensure the access described in paragraph (1).
- (c) Reporting System.--The State agency shall establish a statewide uniform reporting system to--
 - (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and

- (2) submit the data, on a regular basis, to--
 - (A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;
 - (B) other State and Federal entities that the Ombudsman determines to be appropriate;
 - (C) the Assistant Secretary; and
 - (D) the National Ombudsman Resource Center established in section 202(a)(21).
- (d) Disclosure.--
 - (1) In general.--The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c).
 - (2) Identity of complainant or resident.--The procedures described in paragraph (1) shall--
 - (A) provide that, subject to subparagraph (B), the files and records described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and
 - (B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless--
 - (i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;
 - (ii) (I) the complainant or resident gives consent orally; and
 - (II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or
 - (iii) the disclosure is required by court order.
- (e) Consultation.--In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.
- (f) Conflict of Interest.--The State agency shall--
 - (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;

- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman--
 - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (C) is not employed by, or participating in the management of, a long-term care facility; and
 - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as--
 - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.
- (g) Legal Counsel.--The State agency shall ensure that--
 - (1) (A) adequate legal counsel is available, and is able, without conflict of interest, to--
 - (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
 - (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and
 - (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and
 - (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.
- (h) Administration.--The State agency shall require the Office to--
 - (1) prepare an annual report--

- (A) describing the activities carried out by the Office in the year for which the report is prepared;
 - (B) containing and analyzing the data collected under subsection (c);
 - (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
 - (D) containing recommendations for--
 - (i) improving quality of the care and life of the residents; and
 - (ii) protecting the health, safety, welfare, and rights of the residents;
 - (E) (i) analyzing the success of the program including success in providing services to residents of board (and care facilities and other similar adult care facilities; and
 - (ii) identifying barriers that prevent the optimal operation of the program; and
 - (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
- (3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding--
- (i) the problems and concerns of older individuals residing in long-term care facilities; and
 - (ii) recommendations related to the problems and concerns; and
- (B) make available to the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1);
- (4) *strengthen and update* procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with

representatives of citizen groups, long-term care providers, and the Office, that--

- (A) specify a minimum number of hours of initial training;
- (C) specify the content of the training, including training relating to--
 - (i) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
 - (ii) investigative techniques; and
 - (iii) such other matters as the State determines to be appropriate; and

(C) specify an annual number of hours of in-service training for all designated representatives;

- (5) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative--

- (A) has received the training required under paragraph (4); and
- (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;

- (6) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under--

- (A) part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.); and
- (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);

- (7) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 306(a)(2)(C), through adoption of memoranda of understanding and other means ;

- (8) *coordinate services with State and local law enforcement agencies and courts of competent jurisdiction; and*

- (9) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or (7).

- (i) **Liability.**--The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.

- (j) **Noninterference.**--The State shall--

- (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;
- (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and

- (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals.

Appendix B

Long-Term Care Ombudsman Program.

Part 14D. North Carolina State Long-term Care Ombudsman Program

§ 143B-181.15. Long-Term Care Ombudsman Program/Office; policy.

The General Assembly finds that a significant number of older citizens of this State reside in long-term care facilities and are dependent on others to provide their care. It is the intent of the General Assembly to protect and improve the quality of care and life for residents through the establishment of a program to assist residents and providers in the resolution of complaints or common concerns, to promote community involvement and volunteerism in long-term care facilities, and to educate the public about the long-term care system. It is the further intent of the General Assembly that the Department of Health and Human Services, within available resources and pursuant to its duties under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., ensure that the quality of care and life for these residents is maintained, that necessary reports are made, and that, when necessary, corrective action is taken at the Department level. (1989, c. 403, s. 1; 1995, c. 254, s. 1; 1997-443, s. 11A.118(a).)

§ 143B-181.16. Long-Term Care Ombudsman Program/Office; definition.

Unless the content clearly requires otherwise, as used in this Article:

- (1) "Long-term care facility" means any skilled nursing facility and intermediate care facility as defined in G.S. 131A-3(4) or any adult care home as defined in G.S. 131D-20(2).
- (2) "Resident" means any person who is receiving treatment or care in any long-term care facility.
- (3) "State Ombudsman" means the State Ombudsman as defined by the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., who carries out the duties and functions established by this Article.
- (4) "Regional Ombudsman" means a person employed by an Area Agency on Aging to carry out the functions of the Regional Ombudsman Office established by this Article. (1989, c. 403, s. 1; 1995, c. 254, s. 2; c. 535, s. 35.)

§ 143B-181.17. Office of State Long-Term Care Ombudsman Program/Office; establishment.

The Secretary of Department of Health and Human Services shall establish and maintain the Office of State Long-Term Ombudsman in the Division of Aging. The Office shall carry out the functions and duties required by the Older Americans Act of 1965, as amended. This Office shall be headed by a State Ombudsman who is a person qualified by training and with experience in geriatrics and long-term care. The Attorney General shall provide legal staff and advice to this Office. (1989, c. 403, s. 1; 1997-443, s. 11A.118(a).)

§ 143B-181.18. Office of State Long-Term Care Ombudsman Program/State Ombudsman duties.

The State Ombudsman shall:

- (1) Promote community involvement with long-term care providers and residents of long-term care facilities and serve as liaison between residents, residents' families, facility personnel, and facility administration;
- (2) Supervise the Long-Term Care Program pursuant to rules adopted by the Secretary of the Department of Health and Human Services pursuant to G.S. 143B-10;
- (3) Certify regional ombudsmen. Certification requirements shall include an internship, training in the aging process, complaint resolution, long-term care issues, mediation techniques, recruitment and training of volunteers, and relevant federal, State, and local laws, policies, and standards;
- (4) Attempt to resolve complaints made by or on behalf individuals who are residents of long-term care facilities, which complaints relate to administrative action that may adversely affect the health, safety, or welfare of residents;
- (5) Provide training and technical assistance to regional ombudsmen;
- (6) Establish procedures for appropriate access by regional ombudsmen to long-term care facilities and residents' records including procedures to protect the confidentiality of these records and to ensure that the identity of any complainant or resident will not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq.;
- (7) Analyze data relating to complaints and conditions in long-term care facilities to identify significant problems and recommend solutions;
- (8) Prepare an annual report containing data and findings regarding the types of problems experienced and complaints reported by residents as well as recommendations for resolutions of identified long-term care issues;
- (9) Prepare findings regarding public education and community involvement efforts and innovative programs being provided in long-term care facilities; and
- (10) Provide information to public agencies, and through the State Ombudsman, to legislators, and others regarding problems encountered by residents or providers as well as recommendations for resolution. (1989, c. 403, s. 1; 1995, c. 254, s. 3; 1997-443, s. 11A.118(a).)

§ 143B-181.19. Office of Regional Long-Term Care Ombudsman; Regional Ombudsman; duties.

- (a) An Office of Regional Ombudsman Program shall be established in each of the Area Agencies on Aging, and shall be headed by a Regional Ombudsman who shall carry out the functions and duties of the Office. The Area Agency on Aging administration shall provide administrative supervision to each Regional Ombudsman.
- (b) Pursuant to policies and procedures established by the State Office of Long-Term Care Ombudsman, the Regional Ombudsman shall:

- (1) Promote community involvement with long-term care facilities and residents of long-term care facilities and serve as a liaison between residents, residents' families, facility personnel, and facility administration;
- (2) Receive and attempt to resolve complaints made by or on behalf of residents in long-term care facilities;
- (3) Collect data about the number and types of complaints handled;
- (4) Work with long-term care providers to resolve issues of common concern;
- (5) Work with long-term care providers to promote increased community involvement;
- (6) Offer assistance to long-term care providers in staff training regarding residents' rights;
- (7) Report regularly to the office of State Ombudsman about the data collected and about the activities of the Regional Ombudsman;
- (8) Provide training and technical assistance to the community advisory committees; and
- (9) Provide information to the general public on long-term care issues. (1989, c. 403.)

§ 143B-181.20. State/Regional Long-Term Care Ombudsman; authority to enter; cooperation of government agencies; communication with residents.

- (a) The State and Regional Ombudsman may enter any long-term care facility and may have reasonable access to any resident in the reasonable pursuit of his function. The Ombudsman may communicate privately and confidentially with residents of the facility individually or in groups. The Ombudsman shall have access to the patient records as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. §3001 et seq., and under procedures established by the State Ombudsman pursuant to G.S. 143B-181.18(6). Entry shall be conducted in a manner that will not significantly disrupt the provision of nursing or other care to residents and if the long-term care facility requires registration of all visitors entering the facility, then the State or Regional Ombudsman must also register. Any State or Regional Ombudsman who discloses any information obtained from the patient's records except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., is guilty of a Class 1 misdemeanor.
- (b) The State or Regional Ombudsman shall identify himself as such to the resident, and the resident has the right to refuse to communicate with the Ombudsman.
- (c) The resident has the right to participate in planning any course of action to be taken on his behalf by the State or Regional Ombudsman, and the resident has the right to approve or disapprove any proposed action to be taken on his behalf by the Ombudsman.
- (d) The State or Regional Ombudsman shall meet with the facility administrator or person in charge before any action is taken to allow the facility the

- opportunity to respond, provide additional information, or take appropriate action to resolve the concern.
- (e) The State and Regional Ombudsman may obtain from any government agency, and this agency shall provide, that cooperation, assistance, services, data, and access to files and records that will enable the Ombudsman to properly perform his duties and exercise his powers, provided this information is not privileged by law.
 - (f) If the subject of the complaint involves suspected abuse, neglect, or exploitation, the State or Regional Ombudsman shall notify the county department of social services' Adult Protection Services section of the county department of social services, pursuant to Article 6 of Chapter 108A of the General Statutes. (1989, c. 403, s. 1; 1993, c. 539, s. 1038; 1994, Ex. Sess., c. 24, s. 14(c); 1995, c. 254, s. 4.)

§ 143B-181.21. State/Regional Long-Term Care Ombudsman; resolution of complaints.

- (a) Following receipt of a complaint, the State or Regional Ombudsman shall attempt to resolve the complaint using, whenever possible, informal technique of mediation, conciliation, and persuasion.
- (b) Complaints or conditions adversely affecting residents of long-term care facilities that cannot be resolved in the manner described in subsection (a) of this section shall be referred by the State or Regional Ombudsman to the appropriate licensure agency pursuant to G.S. 131E-100 through 110 and G.S.131D-2. (1989, c. 403.)

§ 143B-181.22. State/Regional Long-Term Care Ombudsman; confidentiality.

The identity of any complainant, resident on whose behalf a complaint is made, or any individual providing information on behalf of the resident or complainant relevant to the attempted resolution of the complaint along with the information produced by the process of complaint resolution is confidential and shall be disclosed only as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq. (1989, c. 403, s. 1; 1995, c. 254, s. 5.)

§ 143B-181.23. State/Regional Long-Term Care Ombudsman; prohibition of retaliation.

No person shall discriminate or retaliate in any manner against any resident or relative or guardian of a resident, any employee of a long-term care facility, or any other person because of the making of a complaint or providing of information in good faith to the State Ombudsman or Regional Ombudsman. (1989, c. 403.)

§ 143B-181.24. Office of State/Regional Long-Term Care Ombudsman; immunity from liability.

No representative of the Office shall be liable for good faith performance of official duties. (1989, c. 403.)

§ 143B-181.25. Office of State/Regional Long-Term Care Ombudsman; penalty for willful interference.

Willful or unnecessary obstruction with the State or Regional Long-Term Care Ombudsman in the performance of his official duties is a Class 1 misdemeanor. (1989, c. 403; 1993, c. 539, s. 1039; 1994, Ex. Sess., c. 24, s. 14(c).)

Appendix C

Long Term Care Ombudsman Program

Sharon Wilder (sharon.wilder@ncmail.net), State Long Term Care Ombudsman
 Kathryn Lanier (kathryn.lanier@ncmail.net), Ombudsman Program Specialist
 Denise Rogers (denise.rogers@ncmail.net), Ombudsman/Elder Rights Specialist
 NC Division of Aging, 2101 Mail Service Center
 Raleigh, North Carolina 27699-2101
 Phone: 919-733-8395 Fax: 919-715-0868

North Carolina Regional Ombudsmen

| A | B |
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| Sara Melton Southwestern Planning Commission P.O. Box 850 Bryson City, N.C. 28713 (828) 488-9211 ext. 3032 FAX: (828) 488-3950 e-mail: sarajane@regiona.org Counties: Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain | Shannon Slater and Terry Collins Land-of-Sky Regional Council 25 Heritage Drive Asheville, N.C. 28806 (828) 251-6622 FAX: (828) 251-6353 e-mail: shannon@landofsky.org terryc@landofsky.org Counties: Buncombe, Henderson, Madison and Transylvania |
| C | D |
| Lori Simpson Isothermal Commission P.O. Box 841 Rutherfordton, N.C. 28139 (828) 287-2281 ext. 1222 FAX: (828) 287-2735 e-mail: lsimpson@regionc.org Counties: Cleveland, McDowell, Polk and Rutherford | Alex Jernigan High Country Council of Governments P.O. Box 1820 Boone, N.C. 28607 (828) 265-5434 ext. 126 / FAX: (828) 265-5439 e-mail: ajernigan@regiond.org Counties: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey |
| E | F |
| Karen Thomas and Tom Bell Western Piedmont Council of Governments P O Box 9026 Hickory, N.C. 28603 (828) 485-4213 and (828) 485-4214 FAX: (828) 322-5991 e-mail: karen.thomas@wpcog.dst.nc.us tbell@wpcog.dst.nc.us Counties: Alexander, Burke, Caldwell and Catawba | Debi Lee, Linda Miller, Cindy Kincaid and Hillary Kaylor Centralina Council of Governments P.O. Box 35008 Charlotte, N.C. 28235 (704) 348-2714, 348-2712, 348-2715, 348-2724, or 348-2724 1-800-508-5777 / FAX: (704) 347-4710 e-mail: dlee@centralina.org , lmiller@centralina.org , ckincaid@centralina.org , hkaylor@centralina.org Counties: Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union |

| G | I |
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| <p>Sabrena Lea, Don Heermans and Adrienne Gwynn Piedmont Triad Council of Governments 2216 W. Meadowview Road, Suite 201 Greensboro, N.C. 27407-3480 (336) 294-4950 FAX: (336) 632-0457 e-mail: slea@ptcog.org dheermans@ptcog.org agwynn@ptcog.org</p> <p>Counties: Alamance, Caswell, Davidson, Guilford, Montgomery, Randolph and Rockingham</p> | <p>Amy Vernon and Vickie Turner Northwest Piedmont Council of Governments 400 W. Fourth Street, Suite 400 Winston-Salem, N.C. 27101 (336) 761-2111 ext. 130 and 126 FAX: (336) 761-2112 e-mail: mailto:avernon@nwpcog.dst.nc.us vturner@nwpcog.dst.nc.us</p> <p>Counties: Davie, Forsyth, Stokes, Surry and Yadkin</p> |
| J | K |
| <p>Jill Passmore, Nancy Murphy, Valerie Chestnut, Aimee Kepler Triangle J Council of Governments P.O. Box 12276 Research Triangle Park, N.C. 27709 (919) 558-9401, (919) 558-2703, (919) 558-2719 or (919) 558-9404 FAX: (919) 549-9390 e-mail: jpassmore@tjcoq.org nmurphy@tjcoq.org vchestnut@tjcoq.org akepler@tjcoq.org</p> <p>Counties: Chatham, Durham, Johnston, Lee, Moore, Orange, and Wake</p> | <p>Kimberly Hawkins Region K Council of Governments P.O. Box 709 Henderson, N.C. 27536 (252) 436-2050 FAX: (252) 436-2055 e-mail: khawkins@kerrtarcoq.org</p> <p>Counties: Franklin, Granville, Person, Vance and Warren</p> |
| L | M |
| <p>Armata Coley Upper Coastal Plains COG P.O. Drawer 2748 Rocky Mount, N.C. 27802 (252) 446-0411 ext. 234 FAX: (252) 446-5651 e-mail: mailto:acoley@ucpcog.org</p> <p>Counties: Edgecombe, Halifax, Nash, Northhampton and Wilson</p> | <p>Andrea Wright Mid-Carolina Council of Governments P.O. Box 1510 Fayetteville, N.C. 28302 (910) 323-4191 ext. 25 FAX: (910) 323-9330 e-mail: andrea@fayetteville.net</p> <p>Counties: Cumberland, Harnett and Sampson</p> |

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| <p>Twilla Chavis Lumber River Council of Governments 4721 Fayetteville Rd. Lumberton, N.C. 28358 (910) 618-5533 FAX: (910) 618-5576 e-mail: mailto:tc@mail.lrcog.dst.nc.us</p> <p>Counties: Bladen, Hoke, Robeson, Scotland and Richmond</p> | <p>Harvin Quidas Cape Fear Council of Governments 1480 Harbour Dr. Wilmington, N.C. 28401 (910) 395-4553 ext. 208 FAX: (910) 395-2684 e-mail: hquidas@capefearcog.org</p> <p>Counties: Brunswick, Columbus, New Hanover and Pender</p> |
| P | Q |
| <p>Sheila Hopkins and Angelia Wallace Eastern Carolina Council Area Agency on Aging P.O. Box 1717 New Bern, N.C. 28563 (252) 638-3185 ext. 3010 and ext. 3007 1-800-824-4648 FAX: (252) 638-3187 e-mail: mailto:shopkins@eccog.org mailto:ahollowell@eccog.org</p> <p>Counties: Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico and Wayne</p> | <p>Leigh Phillips Mid East Commission P.O. Box Drawer 1787 Washington, N.C. 27889 (252) 974-1836 FAX: (252) 948-1885 e-mail: lphillips@mideastcom.org</p> <p>Counties: Beaufort, Bertie, Hertford, Martin, and Pitt</p> |
| R | |
| <p>Debra Sheard Albemarle Commission P.O. Box 646 Hertford, N.C. 27944 (252) 426-5753 FAX: (252) 426-8482 e-mail: debsheard@hotmail.com</p> <p>Counties: Camden Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell and Washington</p> | |

Revised April 23, 2003

Appendix D

§ 131D-31. Adult care home community advisory committees.

- (a) Statement of Purpose. - It is the intention of the General Assembly that community advisory committees work to maintain the intent of the Adult Care Home Residents' Bill of Rights within the licensed adult care homes in this State. It is the further intent of the General Assembly that the committees promote community involvement and cooperation with adult care homes to ensure quality care for the elderly and disabled adults.
- (b) Establishment and Appointment of Committees. -
 - (1) A community advisory committee shall be established in each county that has at least one licensed adult care home, shall serve all the homes in the county, and shall work with each of these homes for the best interests of the residents. In a county that has one, two, or three adult care homes with 10 or more beds, the committee shall have five members.
 - (2) In a county with four or more adult care homes with 10 or more beds, the committee shall have one additional member for each adult care home with 10 or more beds in excess of three, and may have up to five additional members at the discretion of the county commissioners, not to exceed a maximum of 25 members. In each county with four or more adult care homes with 10 or more beds, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each adult care home in the county. Each member must serve on at least one subcommittee.
 - (3) In counties with no adult care homes with 10 or more beds, the committee shall have five members. Regardless of how many members a particular community advisory committee is required to have, at least one member of each committee shall be a person involved in the area of mental retardation.
 - (4) The boards of county commissioners are encouraged to appoint the Adult Care Home Community Advisory Committees. Of the members, a minority (not less than one-third, but as close to one-third as possible) shall be chosen from among persons nominated by a majority of the chief administrators of adult care homes in the county. If the adult care home administrators fail to make a nomination within 45 days after written notification has been sent to them requesting a nomination, these appointments may be made without nominations. If the county commissioners fail to appoint members to a committee by July 1, 1983, the

appointments shall be made by the Assistant Secretary for Aging, Department of Health and Human Services, no sooner than 45 days after nominations have been requested from the adult care home administrators, but no later than October 1, 1983. In making appointments, the Assistant Secretary for Aging shall follow the same appointment process as that specified for the County Commissioners.

- (c) Joint Nursing and Adult Care Home Community Advisory Committees. - Appointment to the Nursing Home Community Advisory Committees shall preclude appointment to the Adult Care Home Community Advisory Committees except where written approval to combine these committees is obtained from the Assistant Secretary for Aging, Department of Health and Human Services. Where this approval is obtained, the Joint Nursing and Adult Care Home Community Advisory Committee shall have the membership required of Nursing Home Community Advisory Committees and one additional member for each adult care home with 10 or more beds licensed in the county. In counties with no adult care homes with 10 or more beds, there shall be one additional member for every four other types of adult care homes in the county. In no case shall the number of members on the Joint Nursing and Adult Care Home Community Advisory Committee exceed 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home Committees and Adult Care Home Committees. In making appointments to this joint committee, the county commissioners shall solicit nominations from both nursing and adult care home administrators for the appointment of approximately (but no more than) one-third of the members.
- (d) Terms of Office. - Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a two- or three-year term at the county commissioners' discretion to ensure staggered terms of office.
- (e) Vacancies. - Any vacancy shall be filled by appointment of a person for a one-year term. If this vacancy is in a position filled by an appointee nominated by the chief administrators of adult care homes within the county, then the county commissioners shall fill the vacancy from persons nominated by a majority of the chief administrators. If the adult care home administrators fail to make a nomination by registered mail within 45 days after written notification has been sent to them requesting a nomination, this appointment may be made without nominations. If the county commissioners fail to fill a vacancy, the vacancy may be filled by the Assistant Secretary for Aging, Department of Health and

Human Services no sooner than 45 days after the commissioners have been notified of the appointment or vacancy.

- (f) Officers. - The committee shall elect from its members a chair, to serve a one-year term.
- (g) Minimum Qualifications for Appointment. - Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by the committee, or employee or governing board member of a home served by the committee, or immediate family member of a resident in a home served by the committee may be a member of that committee. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, Department of Health and Human Services.
- (h) Training. - The Division of Aging, Department of Health and Human Services, shall develop training materials, which shall be distributed to each committee member. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under G.S. 131D-32. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.
- (i) Any written communication made by a member of adult care home advisory committee within the course and scope of the member's duties, as specified in G.S. 131D-32, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements and communications do not amount to intentional wrongdoing.

To the extent that any adult care home advisory committee or any member is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1981, c.923, s. 1; 1983, c. 88, s. 1; 1987, c. 682, s. 2; 1995, c. 535, s. 14; 1997-176, s. 2; 1997-443, s. 11A.118(a).)

§ 131E-128. Nursing home advisory committees.

- (a) It is the purpose of the General Assembly that community advisory committees work to maintain the intent of this Part within the nursing homes in this State, including nursing homes operated by hospitals licensed under Article 5 of G.S. Chapter 131E. It is the

further purpose of the General Assembly that the committees promote community involvement and cooperation with nursing homes and an integration of these homes into a system of care for the elderly.

- (b)
 - (1) A community advisory committee shall be established in each county which has a nursing home, including a nursing home operated by a hospital licensed under Article 5 of G.S. Chapter 131E, shall serve all the homes in the county, and shall work with each home in the best interest of the persons residing in each home. In a county which has one, two, or three nursing homes, the committee shall have five members. In a county with four or more nursing homes, the committee shall have one additional member for each nursing home in excess of three, and may have up to five additional members per committee at the discretion of the county commissioners.
 - (2) In each county with four or more nursing homes, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each nursing home in the county. Each member must serve on at least one subcommittee.
 - (3) Each committee shall be appointed by the board of county commissioners. Of the members, a minority (not less than one-third, but as close to one-third as possible) must be chosen from among persons nominated by a majority of the chief administrators of nursing homes in the county and of the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes. If the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to make a nomination within 45 days after written notification has been sent to them by the board of county commissioners requesting a nomination, these appointments may be made by the board of county commissioners without nominations.
- (c) Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a three-year term. Persons who were originally nominees of nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, or who were appointed by the board of county commissioners when the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make nominations, may not be reappointed without the consent of a majority of the nursing home chief administrators and

the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes within the county. If the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to approve or reject the reappointment within 45 days of being requested by the board of county commissioners, the commissioners may reappoint the member if they so choose.

- (d) Any vacancy shall be filled by appointment of a person for a one-year term. Any person replacing a member nominated by the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes or a person appointed when the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make a nomination shall be selected from among persons nominated by the administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, as provided in subsection (b). If the county commissioners fail to appoint members to a committee, or fail to fill a vacancy, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have been notified of the appointment or vacancy if nomination or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is not required. If nominations or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is required, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have received the nomination or approval, or no sooner than 45 days after the 45-day period for action by the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes.
- (e) The committee shall elect from its members a chair, to serve a one-year term.
- (f) Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by a committee, or employee or governing board member or immediate family member of an employee or governing board member of a home served by a committee, or immediate family member of a patient in a home served by a committee may be a member of a committee. Membership on a committee shall not be considered an office as

defined in G.S. 128-1 or G.S. 128-1.1. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for the amount of actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, which shall supply a copy to the Division of Facility Services.

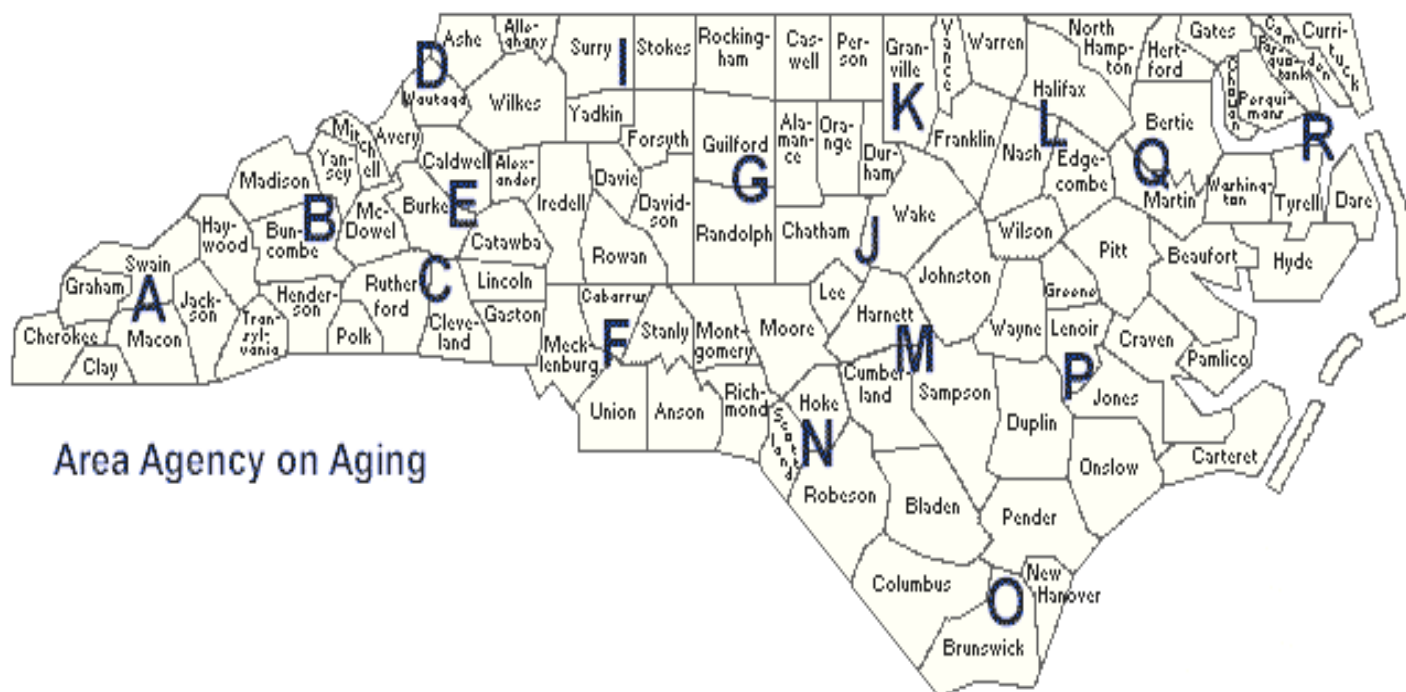
- (g) The Division of Aging, Department of Health and Human Services, shall develop training materials which shall be distributed to each committee member and nursing home. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under subsection (h) of this section. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.
- (h)
 - (1) Each committee shall apprise itself of the general conditions under which the persons are residing in the homes, and shall work for the best interests of the persons in the homes. This may include assisting persons who have grievances with the home and facilitating the resolution of grievances at the local level.
 - (2) Each committee shall quarterly visit the nursing home it serves. For each official quarterly visit, a majority of the committee members shall be present. In addition, each committee may visit the nursing home it serves whenever it deems it necessary to carry out its duties. In counties with four or more nursing homes, the subcommittee assigned to a home shall perform the duties of the committee under this subdivision, and a majority of the subcommittee members must be present for any visit.
 - (3) Each member of a committee shall have the right between 10:00 A.M. and 8:00 P.M. to enter into the facility the committee serves in order to carry out the members' responsibilities. In a county where subcommittees have been established, this right of access shall be limited to homes served by those subcommittees to which the member has been appointed.
 - (4) The committee or subcommittee may communicate through its chair with the Department or any other agency in relation to the interest of any patient. The identity of any complainant or resident involved in a complaint shall not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq.

- (5) Each home shall cooperate with the committee as it carries out its duties.
- (6) Before entering into any nursing home, the committee, subcommittee, or member shall identify itself to the person present at the facility who is in charge of the facility at that time.
- (i) Any written communication made by a member of a nursing home advisory committee within the course and scope of the member's duties, as specified in G.S. 131E-128, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements or communications do not amount to intentional wrongdoing.

To the extent that any nursing home advisory committee or any member thereof is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1977, c.897, s. 2; 1977, 2nd Sess., c. 1192, s. 1; 1983, c. 143, ss. 4-9; c. 775, s. 1; 1987, c. 682, s. 1; 1995, c. 254, s. 7; 1997-176, s. 1; 1997-443, s. 11A.118(a).)

Appendix E

NORTH CAROLINA AREA AGENCIES ON AGING



- Region A**, Southwestern Planning Commission
- Region B**, Land-Of Sky Regional Council
- Region C**, Isothermal Commission
- Region D**, High Country Council of Governments
- Region E**, Western Piedmont Council of Governments
- Region F**, Centralina Council of Governments
- Region G**, Piedmont Triad Council of Governments
- Region I**, Northwest Piedmont Council of Governments
- Region J**, Triangle J Council of Governments
- Region K**, Region K Council of Governments
- Region L**, Upper Coastal Plains COG
- Region M**, Mid-Carolina Council of Governments
- Region N**, Lumber River Council of Governments
- Region O**, Cape Fear Council of Governments
- Region P**, Eastern Carolina Council
- Region Q**, Mid East Commission
- Region R**, Albermarle Commission